

CONTINUING EDUCATION RECORD

You must complete and sign this form as required for your license to be renewed.

Name: _____ License Number: _____

Date: _____ Telephone Number (home) _____

[illegible]

I affirm, under penalty of perjury, that the information I have given on this record is true and correct to the best of my knowledge and belief.

SIGNATURE

DATE _____

Please indicate the actual date of continuing education approval for each program listed above. **NOTE: The approval date must be within the renewal period.** You may copy this form if additional space is needed.

CONTE

Name: _____ License Number: _____

Date: _____ Telephone Number (home) _____

PROGRAM	PROVIDER	DATE HOURS APPROVED	ACPE/BD APPROVED NUMBER	# OF HOURS
			TOTAL	

I affirm, under penalty of perjury, that the information I have given on this record is true and correct to the best of my knowledge and belief.

SIGNATURE

DATE